

Case Number:	CM13-0003770		
Date Assigned:	11/20/2013	Date of Injury:	08/08/2000
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 43-year-old male who reported a work-related injury on 08/08/2000, specific mechanism of injury not stated. Currently, the patient presents for treatment of the following diagnoses: lumbar disc herniation syndrome status post lumbar laminectomy and discectomy, IDET L4-5 posterior lumbar interbody fusion at L4-5 and L5-S1 as of 2005 as well as L5-S1 radiculopathy and retained symptomatic hardware. The clinical note dated 10/17/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient continued to present with significant aching low back pain and a pins and needles sensation with occasional radiating symptoms to the bilateral lower extremities. The patient reported stiffness and achiness in the morning or status post prolonged ambulation. The provider documented that the patient utilizes Norco, Ultracet, Cyclobenzaprine, Omeprazole and Xanax. Examination of the lumbar spine revealed significant spasms and tenderness in the paralumbar musculature and pain on range of motion. Sciatic stretch sign was positive bilaterally. Straight leg raise aggravated the patient's chief complaints. There was reduced range of motion. The provider reported that the patient was doing well with his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Cyclobenzaprine Page(s): 41-42.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to provide evidence to support the long-term utilization and medical necessity of this medication. The California MTUS indicates that the use of Flexeril is recommended for a short course of therapy. A review of the clinical documentation submitted evidences that the patient has been utilizing this medication since at least 2007. Given the above, the request for 1 prescription of cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

Alprazolam ER 1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS indicates, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks." The clinical notes do not evidence how long the patient has been utilizing this medication or the clear efficacy of this treatment for the patient's chronic lumbar spine pain complaints. Given the above, the request for 1 prescription of alprazolam ER 1 mg #30 is not medically necessary or appropriate.

Tramadol/APAP 37.5/325mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74, 93-94.

Decision rationale: The clinical documentation submitted for review fails to evidence the medical necessity to support the chronic use of the requested medication. The clinical notes document that the patient has been recommended to begin weaning of his opioids. Previous peer reviews document that clinical notes reported that the patient was in need of detoxification. The patient was referred for detoxification approximately 1 year ago and continues to use high doses of narcotics. In addition, the California MTUS indicates, "4 domains have been proposed as most relevant for on-going monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and

provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for 1 prescription of tramadol/APAP 37.5/325 mg #100 is not medically necessary or appropriate.

Vicodin 5/500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74.

Decision rationale: The clinical documentation submitted for review fails to evidence the medical necessity to support the chronic use of the requested medication. The clinical notes document that the patient has been recommended to begin weaning of his opioids. Previous peer reviews document that clinical notes reported that the patient was in need of detoxification. The patient was referred for detoxification approximately 1 year ago and continues to use high doses of narcotics. In addition, the California MTUS indicates "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for 1 prescription of Vicodin 5/500 mg #60 is not medically necessary or appropriate.